



**Michigan Department of Agriculture &
Rural Development**

P.O. Box 30776, Lansing, MI 48909-8276 • 517-284-5771

AH-062 (Rev 7/15)

In accordance with 1982 PA 239, as amended.

Disposal or Transporting of Dead Animals Application

License Year Ending: _____ Status: ☐ New ☐ Renewal ☐ No Longer Needed

If Renewal, License No. of Establishment(s): _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: ☐ Corporation ☐ Sole Ownership ☐ Partnership ☐ L.L.C. ☐ Other: Specify _____

Corporation Name: _____

Owner/President (CEO) Name: _____

Street Address of Corporation or Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Non-refundable)

☐ **Plant License Fee \$375** AOBJ 0453 ☐ **Animal Feed Manufacturing Plant \$200** AOBJ 0453

☐ **Transfer Station \$100** AOBJ 0453 ☐ **Dead Animal Dealer \$100** AOBJ 0215

☐ **Vehicles Used to Transport Unprocessed Materials**

Total # of Vehicles _____ **@ \$25 each = \$** _____ AOBJ 0215

List individual vehicle information on back

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on page 2 of this form

www.michigan.gov/mdard-licensing

Truck License Plate Information (Indicate all to be used to haul unprocessed materials in Michigan)

Make	VIN Number	License Plate Number	State

Destination of Unprocessed Materials (Must be filled out if using vehicles to transport unprocessed materials)

Please list the business name(s) and address(es) for the destination(s) for the dead animals.

If a facility is located in another state, you must include a current certified copy of that facility's license.

Destination Type: ☐ Transfer station ☐ Animal feed manufacturing plant ☐ Rendering plant

☐ Other: Specify _____ Destination Phone: (____) _____

Destination Name _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Destination Type: ☐ Transfer station ☐ Animal feed manufacturing plant ☐ Rendering plant

☐ Other: Specify _____ Destination Phone: (____) _____

Destination Name _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____